

AccuReview

An Independent Review Organization

569 TM West Parkway

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

Notice of Independent Review Decision

[Date notice sent to all parties]: July 16, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat Diagnostic Psychological Interview (1 hour)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is a Board Certified Psychiatrist with over 21 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

01-25-12: Treatment Progress Report at Behavioral Health Associates, Inc. dictated by MS, LPC

05-07-12: Consultation Report at Orthopedics, PLLC dictated by, MD

05-31-12: UR performed by PhD, ABPP

06-27-12: UR performed by MD, Psychiatry

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained a work related injury on xx/xx/xx while working on when she strained her hands from too much typing causing injury to her bilateral upper extremities. She claimed she was behind on her work and had to do two weeks of work in four days. The stress on her hands made them swollen and sensitive to touch and caused carpal tunnel syndrome. The claimant has had treatment with activity modification, NSAID's, bilateral carpal tunnel release and left trigger thumb release surgeries, bracing and therapy.

01-25-12: Treatment Progress Report dictated by MS, LPC. Problem List: Diagnosis and/or Related Symptoms: 309.28 Adjustment Disorder, with mixed anxiety and depressed mood, V62.2 Occupational Problem, 727.05 Other tenosynovitis of the hand and wrist, 354.0 Carpal Tunnel Syndrome, 727.03 Trigger finger synovitis, Injury

Related Psychosocial Stressor(s) (PSS), Global Assessment of Functioning (GAS) Deficits. Clinical Status: The claimant is experiencing problems related to her overall functioning due to work-related injury on xx/xx/xx. She is experiencing depression, significant mental stress, anxiety, agitation, physical pain symptoms, sleep disturbance, and weight gain, which she attributes to her work-injury. According to the Patient Pain Drawing, the claimant rated her pain at 9.5, very severe pain. Claimant reported feelings of numbness and aching on both her hands and arms, and a stabbing sensation on both elbows; her pains in hands are very heavy. The claimant scored a 103 on the Pain Experience Scale, compared to her previous score of 101, which indicates an extreme level of emotional and worry response. The claimant continued to very often feel frustrated, overwhelmed, irritable, thinks “this pain is driving me crazy”, thinks “it’s hard to do anything when I have pain”, thinks about her pain getting worse, wonders what it would be like to never have pain, worries about her family and wonders how long this will last. On the McGill Pain Questionnaire, the claimant scored a 59 indicating severe-debilitating pain reaction, which is 3 point decrease. Her highest reported feelings include: throbbing, shooting, stabbing, tearing, hurting, miserable, killing, and vicious. The claimant described her pain frequency as continuous and her pain severity as horrible. Diagnostic Impression: DSM IV: Axis I 309.28 Adjustment Disorder, with mixed anxiety and depressed mood, V62.2 Occupational Problem; Axis II: 799.9 Diagnosis Deferred; Axis III: 727.05 Other tenosynovitis of the hand and wrist, 354.0 Carpal Tunnel Syndrome, 727.03 Trigger finger synovitis; Axis IV: Psychosocial Stressors (PSS) Related to Injury (type), Physical Health, Occupational/Work, Economical/Financial, Parenting, Health Care Services, Family, Housing; Psychosocial Stressors (PSS) Related to Injury (severity): 7, Severe; Axis V: Global Assessment of Functioning (GAF) (current): 45, Overall Serious; Global Assessment of Functioning (GAF) (prior to injury): 80, Overall Average. Treatment Goals/Treatment: 1. Decrease Sleep Questionnaire by 10 points (specifically address too restless/tense or tired, personal stress, frustration or anger, worries or fears about current injury or re-injury, cannot stop thinking, and sleep disturbance is a viscous pattern or habit now): Discuss experiences of emotional traumas that continue to disturb sleep; Continue to implement the use of deep muscle relaxation, breathing, and guided imagery to provide strategies that aide in decreasing tension and stress and increase ability to gain restful sleep; Verbalize a plan to deal with stressors proactively; Follow sleep induction schedule of events. 2. Assist in developing an appropriate physical functioning daily plan with a reduction in Plan Experience Scale (to specifically address frustrated, overwhelmed, irritable, thinks “this pain is driving me crazy”, thinks “it’s so hard to do anything when I have pain”, thinks about her pain getting worse, wonders what it would be like to never have pain, worries about her family and wonders how long this will last) by 10 points: Utilize reality therapy regarding her current function and educate on post-op rehabilitative process; Identify how pain has made a negative impact on daily activities; Minimize the potential for depression interfering with benefits of medical treatments and to interrupt a tendency to get into a “disabled” role; Verbalize increased factual understanding of current new medical issues; Verbalize an increased awareness of the mind-body connection; Continue to utilize psycho physiological techniques such as progressive relaxation, diaphragmatic breathing, and other such techniques to teach pain and stress reduction methods to return the patient to a higher level of functioning. 3. Decrease Beck Depression Inventory by 10 points (to specially address sadness, pessimism, dissatisfaction, fatigue): Describe the signs and symptoms of depression

that are experienced; Identify and replace cognitive self-talk that is engaged in to support depression; Utilize behavioral strategies to overcome depression; Use positive conflict resolution skills to resolve interpersonal discord and to make needs and expectations known. 4. Decrease Beck Anxiety Inventory by 10 points (to specifically address panic symptoms, fear and nervousness): Implement appropriate relaxation and diversion activities to decrease level of anxiety; Report a decreased daily level of anxiety due to the use of positive self-talk; Implement a thought-stopping technique to interrupt anxiety-producing thoughts; Complete anxiety homework exercises to identify cognitive distortions that generate anxious feelings; Implement the use of deep muscle relaxation, breathing, and guided imagery to provide strategies that aide in decreasing tension and stress. 5. Focus on vocational development for job searching to include: Increase patient's psychological and psychosocial coping capacities to manage rehabilitation demands for medically reasonable recovery in family, work, and social daily living activities; Complete vocational assessments, i.e. Rehabilitation Checklist and other vocational assessments to assist in determining transferability of skills for future employment and volunteer efforts; Explore vocational interests and competencies and set specific goals regarding activities of daily living and parenting responsibilities; Refer patient to TDARS and be available to caseworker while referral process is active following surgical outcome.

05-07-12: Office visit note dictated by MD. Claimant presented with complaints of bilateral hand pain, tingling and numbness, left greater than right. Physical Examination: Right wrist/hand: (+) volar wrist scar tenderness, (-+) atrophy of thenar and hypothenar muscles, Normal Allen test of the hand. +2 Radial and ulnar pulses, brisk cap refill all digits. Sensation: (+) compression test, (+) tinel at wrist, (+) flexion-60/60, dorsal flexion-50/50, ulnar deviation-20/20, radial deviation-15/15, grip (LB) R/L: 40/15. Left wrist/hand: (+) volar wrist and thumb scar tenderness, normal Allen test of the hand, +2 radial and ulnar pulses, and brisk cap refill all digits. Sensation: (+) compression test, (+) tinel at wrist, (+) phalen. Reviewed x-rays Left/Right wrist, 3 views (5/7/12): no fracture/dislocation/DJD. Diagnosis Code: 1. Carpal tunnel syndrome, 2. Mononeuritis arm unspec, 3. Enctr therapy drug monitor. Assessment/Plan: Patient's history and physical examination, and imaging findings are consistent with work related bilateral carpal tunnel syndrome, exacerbation, will obtain EMG/NCS – to complete evaluation. Treatment options are NSAID's, therapy, orthotics, steroid injections and surgery. Continue wrist bracing.

05-31-12: UR performed by PhD, ABPP. Reason for Denial: Non-certification is recommended for the following reasons: The patient has had previous psychological evaluations and failed psychotherapy. There is no current documentation of new psychological complaints or requests for psychological evaluation. Dr. has suggested further diagnostics with EMG/NCV and consideration of further orthotics, steroid injections, and surgery, as of 5/7/12; and I do note that the electrical studies have been recently certified. It is not clear how psychological assessment is indicated in this context. There are no ODG, ACOEM, or any other guidelines or quality evidence bearing on this question of when a psychological evaluation may be unnecessary or contraindicated. This request is inconsistent with current standards of practice, per above.

6-27-12: UR performed by MD, Psychiatry. Reason for denial: The claimant had a diagnostic psychological interview done in November 2011. There is no indication in the

submitted medical records that the patient has developed any new psychological complaints necessitating another psychological interview. Diagnostic psychological interview is not medically necessary. Recommend non-certification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

I concur with the previous denials. There is no indication in the medical records sent for my review of any request for psychological evaluation or any new psychological complaints that would warrant a repeat diagnostic psychological interview. Therefore, request for Repeat Diagnostic Psychological Interview (1 hour) is denied as it is not medically necessary at this time.

Per ODG:

Psychological evaluations	<p>Recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). (Doleys, 2003) Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. (Main-BMJ, 2002) (Colorado, 2002) (Gatchel, 1995) (Gatchel, 1999) (Gatchel, 2004) (Gatchel, 2005) For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. (Gatchel, 1999) Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. (Goldberg, 1999) Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. (Linton, 2002) Other studies and reviews support these theories. (Perez, 2001) (Pulliam, 2001) (Severeijns, 2001) (Sommer, 1998) In a large RCT the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. (Lin-JAMA, 2003) See "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI 2nd ed - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory [has been superseded by the MBMD following, which should be administered instead], (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI-II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24) MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale – VAS. (Bruns, 2001) Chronic pain may harm the brain, based on using functional magnetic resonance imaging (fMRI),</p>
---------------------------	--

	<p>whereby investigators found individuals with chronic back pain (CBP) had alterations in the functional connectivity of their cortical regions - areas of the brain that are unrelated to pain - compared with healthy controls. Conditions such as depression, anxiety, sleep disturbances, and decision-making difficulties, which affect the quality of life of chronic pain patients as much as the pain itself, may be directly related to altered brain function as a result of chronic pain. (Baliki, 2008) Maladjusted childhood behavior is associated with the likelihood of chronic widespread pain in adulthood. (Pang, 2010) Psychosocial factors may predict persistent pain after acute orthopedic trauma, according to a recent study. The early identification of those at risk of ongoing pain is of particular importance for injured workers and compensation systems. Significant independent predictors of pain outcomes were high levels of initial pain, external attributions of responsibility for the injury, and psychological distress. Pain-related work disability was also significantly predicted by poor recovery expectations, and pain severity was significantly predicted by being injured at work. (Clay, 2010) See also Comorbid psychiatric disorders. See also the Stress/Mental Chapter.</p>
--	---

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)